

Austin Health Weight Control Clinic holds weekly sessions for people with severe obesity needing specialist assistance with weight loss.

Department of Health clinical urgency categories for Specialist Clinics

Urgent: Referrals should be categorised as urgent if the patient has a condition that has the potential to deteriorate quickly, with significant consequences for health and quality of life, if not managed promptly.

Routine: Referrals should be categorised as routine if the patient's condition is unlikely to deteriorate quickly or have significant consequences for the person's health and quality of life if specialist assessment is delayed beyond one month.

Exclusions: Age below 18 years; BMI <35 kg/m² or <30 kg/m² without a medical condition related to excess weight.

Condition / Symptom	GP management	Investigations required	Expected triage outcome	Expected specialist intervention outcome	Expected number of specialist appointments
Obesity	<p>When to Refer: >18 years old and BMI >35 kg/m² or BMI >30 kg/m² + medical condition related to excess weight (e.g. T2DM, obstructive sleep apnoea, fatty liver) and previous unsuccessful attempt to achieve or maintain weight loss</p>	<p>To be included in referral: see obesity clinic referral form. Age, height, weight, co-morbidities, and current medications are required.</p> <p>Diagnostics if available: fasting glucose, electrolytes/renal function, liver function tests, TSH, fasting lipid profile, HbA1c (if has diabetes)</p> <p>Instruct patient to bring diagnostic results to the Specialist Clinic appointment.</p>	<p>Urgent: within 4-7 weeks</p> <p>Routine: Patient will be treated in turn</p>	<p>Usual treatment regimen is modified very-low-energy diet (VLED) followed by dietician-supervised transition to regular foods. For maintenance of weight loss, pharmacotherapy may be used if required, or if contraindicated or not tolerated, referral for bariatric surgery is made.</p>	<p>Follow-up appointments are usually scheduled 4-6 weeks after commencement of the VLED, then every 6-7 weeks thereafter during weight loss and maintenance. If possible, a shared care arrangement with the GP is preferred.</p>

OBESITY CLINIC REFERRAL FORM

 Email: - outpat231@austin.org.au

Telephone: (03) 9496 2900

Fax: (03) 9496 2097

<p>REFERRING DOCTOR:</p> Dr _____ Address: _____ Phone: _____ Fax: _____ Provider No: _____ Email: _____ Signature: _____ <p>DATE OF REFERRAL:</p> Referral valid for: _____	<p>CLIENT DETAILS:</p> Name: _____ Address: _____ Male/Female _____ Phone: Home: _____ Mobile: _____ Date of Birth: _____ Medicare No: _____ <input type="checkbox"/> Interpreter required? (language _____)
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UNIT REQUIRED: Obesity (medical)	Head of unit: Prof J Proietto
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Clinical details: (all parts of this section must be completed)

Height: _____ m; Weight: _____ kg; BMI: _____ kg/m² waist circumference: _____ cm

Complications:

<input type="checkbox"/> T2DM (if yes, HbA1c _____, date _____)	<input type="checkbox"/> Impaired fasting glucose/impaired glucose tolerance
<input type="checkbox"/> Hypertension	<input type="checkbox"/> Obstructive sleep apnoea
<input type="checkbox"/> Hyperlipidemia	<input type="checkbox"/> Osteoarthritis
<input type="checkbox"/> Coronary artery disease	<input type="checkbox"/> Polycystic ovary syndrome
<input type="checkbox"/> Cerebrovascular disease	<input type="checkbox"/> Fatty liver disease
<input type="checkbox"/> Peripheral vascular disease	<input type="checkbox"/> Mental illness (specify _____)
<input type="checkbox"/> Musculoskeletal	<input type="checkbox"/> Other (specify _____)

Medications

Other relevant information